

2628

B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS.		ORIGINAL	
County of <u>Gila</u>	District of <u>Young</u>	Register No. <u>96</u>	Ter. Index No. <u>411</u>
Town of _____	City of _____	St.; _____	Ward) _____
FULL NAME OF CHILD <u>Jesse Richard Ellison</u>		Born <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If child is not named, make Supplemental report on blank obtainable from local registrar.			
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and Number in order of birth _____	Legiti mate? <u>yes</u>
Full Name <u>Jesse Travis Ellison</u>	FATHER	Full Maiden Name <u>Annie Goldsworthy</u>	MOTHER
Residence <u>Ellison Ranch</u>		Residence <u>Ellison Ranch</u>	
Color or Race <u>White</u>	Age at last Birthday <u>32</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>19</u> (Years)
Birthplace <u>Shackelford Co. Texas</u>		Birthplace <u>Cornwall, Eng.</u>	
Occupation <u>Stockman</u>		Occupation <u>House wife</u>	
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>	
Were precautions taken against Ophthalmia neonatorum? _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Apr. 25, 1911, at _____ M

*When there is no attending physician or midwife, then the householder must make this return.

(Signature) S. M. Ellison _____, householder. *

Given or christian name added from a supplemental report _____ 19____ Filed _____ 19____ Address Young Ave

155-425-178 COUNTY REGISTRAR. Filed May 10 1911 A TRUE COPY. Olaf Young LOCAL REGISTRAR. S. M. Ellison COUNTY REGISTRAR.